

**PETITION FOR EXTENSION OF TIME
UNDER 37 CFR 1.136(a)**

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/537,699	Filing Date	June 6, 2005
For	RADIO ACCESS NETWORK CONTROL METHOD AND RADIO ACCESS NETWORK		
Art Unit	2618	Examiner Name	Philip Sobotka

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<u>\$130.00</u>
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<u> </u>
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<u> </u>
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<u> </u>
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	<u> </u>
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

- applicant/inventor
- assignee of record of the entire interest. See 37 CFR 3.71.
- Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 55,470
- attorney or agent under 37 CFR 1.34.
- Registration number if acting under 37 CFR 1.34 _____

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

/ Laura Moskowitz/
Signature

October 22, 2010

Date

Laura Moskowitz

(202) 293-7060

Typed or printed name

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	Total of <u>1</u> form is submitted.
-------------------------------------	--------------------------------------